



# TRAFFIC CRASH REPORT

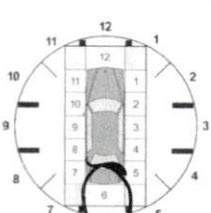
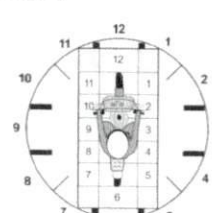
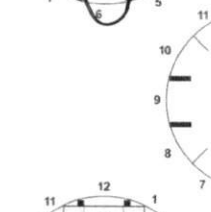
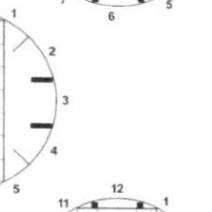
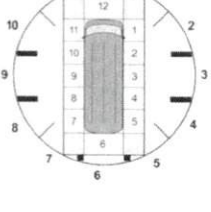
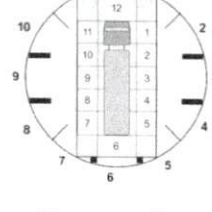
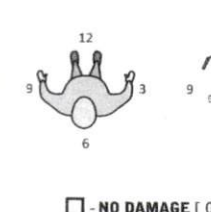
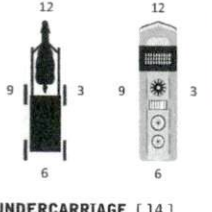
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|  |   |   |  |   |                  |  |  |  |  |  |  |  |
|--|---|---|--|---|------------------|--|--|--|--|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH   |   | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input checked="" type="checkbox"/> PRIVATE PROPERTY   | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br>Fairfield Police Department |   | NCIC*<br>00901   | 22057830   |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED   |  | NUMBER OF UNITS<br>02  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN |  |
| COUNTY*<br>09  | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>City of Fairfield   |  |   |                  | CRASH DATE / TIME*<br>081220221926   |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY   |  |  |  |  |
| ROUTE TYPE<br>LOCATION   | ROUTE NUMBER  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | LOCATION ROAD NAME<br>Dixie  |   | ROAD TYPE<br>H W | LATITUDE DECIMAL DEGREES<br>39.343053  |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |  |  |  |  |
| ROUTE TYPE<br>REFERENCE  | ROUTE NUMBER  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>4950                      |   | ROAD TYPE        | LONGITUDE DECIMAL DEGREES<br>-84.536821  |  |  |  |  |  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>3   |   | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE   |                  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  | DISTANCE FROM REFERENCE<br>DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS  |  |  |  |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>10 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN<br>10 |   |   |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN<br>5                              |                  |  |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |  |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE  |   | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER  |  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA   |                  | CONTOUR<br>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN  |  | CONDITIONS<br>1<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN   |  | SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN                                       |  |  |
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN<br>1  |   | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN<br>01 |  | NARRATIVE<br>On 08-12-22 around 1926 hours Unit 1 was backing out of their parking spot within a parking lot and failed to make sure the area behind them was clear. Unit 1 struck Unit 2 who was traveling within the parking lot.<br><br>The driver of Unit 1 was cited for not having a drivers license. |                  |  |  |  |  |  |  |  |
| CRASH REPORTED DATE / TIME<br>081220221926   |   | DISPATCH DATE / TIME<br>081220221929  |  | ARRIVAL DATE / TIME<br>081220221935   |                  | SCENE CLEARED DATE / TIME<br>081220221959  |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO JOPS)           |  |  |  |  |
| TOTAL TIME ROADWAY CLOSED<br>10  |   | OTHER INVESTIGATION TIME<br>40  |  | TOTAL MINUTES<br>161  |                  | OFFICER'S NAME*<br>T. King   |  | CHECKED BY OFFICER'S NAME*<br>D. Potts   |  | OFFICER'S BADGE NUMBER*<br>130   |  |  |

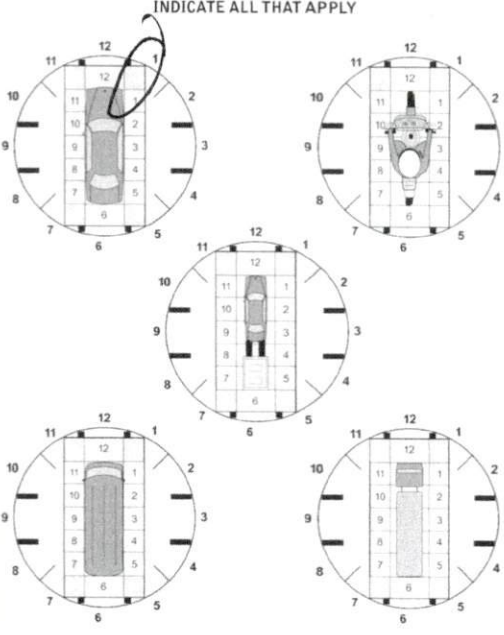


|   |  |   |   |   |              |
|---|--|---|---|---|--------------|
| OWNER   | UNIT #   | OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  |   | OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) |              |
|   | 01   | Monson Construction Service   |   |   |              |
| VEHICLE   | OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) |   |   |   |              |
|   | 5456 Camelot Dr. Apt 2, Fairfield OH 45014                 |   |   |   |              |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP   |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE   |   |   |              |
|   |  |   |   |   |              |
| LP STATE  | LICENSE PLATE #  | VEHICLE IDENTIFICATION #  |   | VEHICLE YEAR                                      | VEHICLE MAKE |
| OH  | HWK6146  | 2HNVD1182113H550661   |   | 2003  | Acura        |
| INSURANCE VERIFIED  | INSURANCE COMPANY  | INSURANCE POLICY #  | COLOR   | VEHICLE MODEL                                     |              |
|   |  |   | Gray  | MDX   |              |
| TYPE OF USE   |  | US DOT #  | TOWED BY: COMPANY NAME  |   |              |
| <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |  |   |   |   |              |
| INTERLOCK DEVICE EQUIPPED   |  | #OCCUPANTS  | HAZARDOUS MATERIAL  |   |              |
| <input type="checkbox"/>  |  | 01  | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |   |              |
| HIT/SKIP UNIT   |  | VEHICLE WEIGHT GVWR/GCWR  | CLASS # PLACARD ID #  |   |              |
| <input type="checkbox"/>  |  | 1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.   |   |   |              |
| UNIT TYPE   |  | 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER   |   |   |              |
| 03  |  | 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)   |   |   |              |
| 0   |  | 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST   |   |   |              |
| 0   |  | 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE   |   |   |              |
| 0   |  | 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  |   |   |              |
| 0   |  | 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP  |   |   |              |
| # OF TRAILING UNITS   |  |   |   |   |              |
| 0   |  |   |   |   |              |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?   |  | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  |   |   |              |
| 2   |  | 1 - YES 2 - NO 9 - OTHER / UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION   |   |   |              |
| AUTONOMOUS MODE LEVEL   |  |   |   |   |              |
| 01  |  |   |   |   |              |
| SPECIAL FUNCTION  |  | 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER   |   |   |              |
| 01  |  | 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN   |   |   |              |
| 01  |  | 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL   |   |   |              |
| 01  |  | 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  |   |   |              |
| 01  |  | 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL  |   |   |              |
| CARGO BODY TYPE   |  | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER                          |   |   |              |
| 01  |  | 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER   |   |   |              |
| 01  |  | 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN   |   |   |              |
| VEHICLE DEFECTS   |  | 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  |   |   |              |
| 01  |  | 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT   |   |   |              |
| 01  |  | 3 - TAIL LAMPS 6 - TIRE BLOWOUT   |   |   |              |
| NON-MOTORIST LOCATION AT IMPACT   |  | 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE                         |   |   |              |
| 01  |  | 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN             |   |   |              |
| 01  |  | 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS   |   |   |              |
| ACTION  |  | 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE   |   |   |              |
| 03  |  | 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  |   |   |              |
| 03  |  | 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  |   |   |              |
| 03  |  | 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE   |   |   |              |
| 03  |  | 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN IN TRAFFIC 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN                                |   |   |              |
| 03  |  | 9 - OTHER / UNKNOWN 12 - DRIVERLESS   |   |   |              |
| CONTRIBUTING CIRCUMSTANCES  |  | 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  |   |   |              |
| 12  |  | 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE                            |   |   |              |
| 12  |  | 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/ SPILLING 23 - OPENING DOOR INTO ROADWAY                                   |   |   |              |
| 12  |  | 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  |   |   |              |
| 12  |  | 5 - UNSAFE SPEED 11 - DROVE OFF ROAD  |   |   |              |
| 12  |  | 6 - IMPROPER TURN 12 - IMPROPER BACKING   |   |   |              |
| SEQUENCE OF EVENTS  |  | NON-COLLISION   |   |   |              |
| 120   |  | 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT              |   |   |              |
| 120   |  | 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |   |   |              |
| 120   |  | 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  |   |   |              |
| 120   |  | 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 50 - WORK ZONE MAINTENANCE EQUIPMENT  |   |   |              |
| 120   |  | 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 51 - WALL   |   |   |              |
| 120   |  | 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 52 - BUILDING  |   |   |              |
| 120   |  | 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 53 - TUNNEL   |   |   |              |
| 120   |  | 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 54 - OTHER FIXED OBJECT  |   |   |              |
| 120   |  | 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 99 - OTHER / UNKNOWN   |   |   |              |
| 120   |  | 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX   |   |   |              |
| 120   |  | 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE  |   |   |              |
| 120   |  | 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 49 - FIRE HYDRANT   |   |   |              |
| 120   |  | 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH  |   |   |              |
| 120   |  | 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT   |   |   |              |
| 120   |  | 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE  |   |   |              |
| 120   |  | 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX  |   |   |              |
| 120   |  | 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE  |   |   |              |
| 120   |  | 37 - TRAFFIC SIGN POST 43 - CURB 49 - FIRE HYDRANT  |   |   |              |
| 120   |  | 38 - OVERHEAD SIGN POST 44 - DITCH  |   |   |              |
| 120   |  | 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT   |   |   |              |
| 120   |  | 40 - UTILITY POLE 46 - FENCE  |   |   |              |
| 120   |  | 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX   |   |   |              |
| 120   |  | 42 - CULVERT 48 - TREE  |   |   |              |
| 120   |  | 43 - CURB 49 - FIRE HYDRANT   |   |   |              |
| 120   |  | 44 - DITCH  |   |   |              |
| 120   |  | 45 - EMBANKMENT   |   |   |              |
| 120   |  | 46 - FENCE  |   |   |              |
| 120   |  | 47 - MAILBOX  |   |   |              |
| 120   |  | 48 - TREE   |   |   |              |
| 120   |  | 49 - FIRE HYDRANT   |   |   |              |
| 120   |  | 50 - WORK ZONE MAINTENANCE EQUIPMENT  |   |   |              |
| 120   |  | 51 - WALL   |   |   |              |
| 120   |  | 52 - BUILDING   |   |   |              |
| 120   |  | 53 - TUNNEL   |   |   |              |
| 120   |  | 54 - OTHER FIXED OBJECT   |   |   |              |
| 120   |  | 99 - OTHER / UNKNOWN  |   |   |              |
| FIRST HARMFUL EVENT   |  | MOST HARMFUL EVENT  |   |   |              |
| 1   |  | 1   |   |   |              |

|  |                               |
|--|-------------------------------|
| LOCAL REPORT NUMBER  |                               |
| 22057830   |                               |
| DAMAGE   |                               |
| DAMAGE SCALE   |                               |
| 1 - NONE 3 - FUNCTIONAL DAMAGE   |                               |
| 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  |                               |
| 9 - UNKNOWN  |                               |
| DAMAGED AREA(S)  |                               |
| INDICATE ALL THAT APPLY  |                               |
|     |                               |
|     |                               |
|     |                               |
|     |                               |
|     |                               |
|     |                               |
|    |                               |
|    |                               |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] |                               |
| <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]          |                               |
| <input type="checkbox"/> - UNIT NOT AT SCENE [16]                                      |                               |
| INITIAL POINT OF CONTACT   |                               |
| 0 - NO DAMAGE 14 - UNDERCARRIAGE   |                               |
| 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE                                 |                               |
| 99 - UNKNOWN   |                               |
| 13 - TOP   |                               |
| TRAFFIC  |                               |
| TRAFFICWAY FLOW  | TRAFFIC CONTROL               |
| 1 - ONE-WAY  | 1 - ROUNDABOUT 4 - STOP SIGN  |
| 2 - TWO-WAY  | 2 - SIGNAL 5 - YIELD SIGN     |
|  | 3 - FLASHER 6 - NO CONTROL    |
| # OF THROUGH LANES ON ROAD   | RAIL GRADE CROSSING           |
| 2  | 1 - NOT INVOLVED              |
|  | 2 - INVOLVED-ACTIVE CROSSING  |
|  | 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION  |                               |
| 1 - NORTH 5 - NORTHEAST  |                               |
| 2 - SOUTH 6 - NORTHWEST  |                               |
| 3 - EAST 7 - SOUTHEAST   |                               |
| 4 - WEST 8 - SOUTHWEST   |                               |
| 9 - OTHER / UNKNOWN  |                               |
| UNIT SPEED   | DETECTED SPEED                |
| 05   | 1 - STATED / ESTIMATED SPEED  |
|  | 2 - CALCULATED / EDR          |
|  | 3 - UNDETERMINED              |
| POSTED SPEED   |                               |
| 25   |                               |



|   |  |   |  |   |                           |
|---|--|---|--|---|---------------------------|
| OWNER   | UNIT #<br>02   | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)<br>FILUSRA | OWNER PHONE: (INCLUDE AREA CODE) (SAME AS DRIVER)<br>4557-46-73-64   |   |                           |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)   |   |  |   |                           |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |  | COMMERCIAL CARRIER PHONE: (INCLUDE AREA CODE)               |  |   |                           |
| VEHICLE   | LP STATE<br>OH   | LICENSE PLATE #<br>FILUSRA                                  | VEHICLE IDENTIFICATION #<br>JF2SKAWC3KH5163530   | VEHICLE YEAR<br>2019  | VEHICLE MAKE<br>Subaru    |
|   | <input checked="" type="checkbox"/> INSURANCE VERIFIED   | INSURANCE COMPANY<br>Geico                                  | INSURANCE POLICY #<br>4557-46-73-64  | COLOR<br>Black  | VEHICLE MODEL<br>Forester |
|   | TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                  |   | US DOT #   | TOWED BY: COMPANY NAME  |                           |
|   | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED   | <input type="checkbox"/> HIT/SKIP UNIT                      | #OCCUPANTS<br>01   | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |                           |
|   | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.  |   | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE                    |   |                           |
|   | UNIT TYPE<br>03  |   | 23 - PEDESTRIAN / SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP                                |   |                           |
|   | # OF TRAILING UNITS<br>0   |   | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN  |   |                           |
|   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2 - YES 2-NO 9-OTHER / UNKNOWN  |   | AUTONOMOUS MODE LEVEL<br>0   |   |                           |
|   | SPECIAL FUNCTION<br>01   |   | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT  |   |                           |
|   | CARGO BODY TYPE<br>01  |   | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL   |   |                           |
| EVENT(S)  | VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS  |   | 21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN  |   |                           |
|   | NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK  |   | 6 - BICYCLE LANE<br>7 - SHOULDER / ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS                       |   |                           |
|   | ACTION<br>04   |   | 12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN   |   |                           |
|   | PRE-CRASH ACTIONS<br>01  |   | 13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN  |   |                           |
|   | CONTRIBUTING CIRCUMSTANCES<br>01   |   | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL   |   |                           |
|   | SEQUENCE OF EVENTS<br>120  |   | 21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN  |   |                           |
|   | NON-COLLISION<br>120   |   | 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT                   |   |                           |
|   | COLLISION WITH FIXED OBJECT - STRUCK<br>120  |   | 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE |   |                           |
|   | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER |   | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT              |   |                           |
|   | FIRST HARMFUL EVENT<br>1   |   | MOST HARMFUL EVENT<br>1  |   |                           |

|  |  |
|--|--|
| LOCAL REPORT NUMBER<br>22057830  |  |
| DAMAGE<br>DAMAGE SCALE<br>2 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN   |  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY   |  |
|   |  |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]<br><input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]<br><input type="checkbox"/> - UNIT NOT AT SCENE [16] |  |
| INITIAL POINT OF CONTACT<br>0 - NO DAMAGE 14 - UNDERCARRIAGE<br>01 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>13 - TOP 99 - UNKNOWN   |  |
| TRAFFIC  |  |
| TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 2 - TWO-WAY  | TRAFFIC CONTROL<br>6 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>2  | RAIL GRADE CROSSING<br>1 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 4 TO 3   |  |
| UNIT SPEED<br>05   | DETECTED SPEED<br>1 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                 |
| POSTED SPEED<br>25   |  |



OHIO DEPARTMENT  
OF PUBLIC SAFETY  
SAFETY - SERVICE - PROTECTION

## Motorist / Non-Motorist

| LOCAL REPORT NUMBER   |  |                                    |   |  |  |  |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|---|--|------------------------------------|---|--|--|--|------------------|-----------------|----------|---------|--------------|------|-----------------------|----------|------------------|---------|----------|-------------------|--------------------|-------------|-----------|---|------------------|-------------|------------------------------|--------------------|----------------|------------------------------|--------------------|--------------------|-------------|-------------------------|--|------------------|----------------------------|------------------------|-------------------|-------------|-----------------------|--|--|---------------------|---|--------------------------------|------------------------------|-----------------|---|-------------------------------|------------------------|---------------------|--------------------|--------------------|------------------------|--|---------------------------------|--|-------------------------|------------------------|-----------------|----------------------------------|---------------|--|------------------|---|----------|----------------|----------------------------|--|-------------------|--|--------------------|-----------------|------------|---------------------------------------|---|----------|---------|------------------------|-----------------------|----------------|-----------------------------------|---------------------|-----------|------------|-----------------------------------|---------------------|---------------|-------------------------------|--|-----------|---------------------|--|--------------------|------------|----------------------------|--|------------|--|---|---------|-------------------|----------------------|-----------|-----------|------------------|--------------------|-----------------|----------------------------|--|-----------------------|----------------|---------------|---|------------------------------------|----------------|-----------------------------|-------------------------|----------|-----------------------------|--|-----------------------------------|------------------------------|--|---|-----------|------------------------|--|--|---------------------|---------------------|-------------|-----------|------------------------------|--|--|--|---------------------|--|-----------|---|--|--|--------|------------|--|---------------------|--|--|--|------------|--|---------------------|------------------|------------------|--|--|----------|--|--|------------------|-----------------|--|--|---------------------|--|--|---------------------|---|--|--|--|--|--|------------------|--------------------------|--|--|--|--|--|-------------|---|--|--|--|--|--|-----------------------|----------------------|--|--|--|--|--|-----------|--|--|--|--|--|--|----------------------|
| 2 2 0 5 7 8 3 0   |  |                                    |   |  |  |  |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| UNIT #  | NAME: LAST, FIRST, MIDDLE  |                                    |   |  | DATE OF BIRTH  |  | AGE              | GENDER          |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 0 1   | Gonzalez, Joel, Rodriguez  |                                    |   |  | 0 3 2 9 1 9 8 8  |  | 3 4              | M               |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| ADDRESS: STREET, CITY, STATE, ZIP   |  |                                    |   |  | CONTACT PHONE - INCLUDE AREA CODE  |  |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 5932 Crestview Ave, Fairfield OH 45014  |  |                                    |   |  |  |  |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| INJURIES  | INJURED TAKEN BY   | EMS AGENCY (NAME)                  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED  | DOT-COMPLIANT MC HELMET                        | SEATING POSITION | AIR BAG USAGE   | EJECTION | TRAPPED |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 5   |  |                                    |   |  | 0 4  | <input type="checkbox"/>                       | 0 1              | 1               | 1        | 1       |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| OL STATE  | OPERATOR LICENSE NUMBER  |                                    | OFFENSE CHARGED                                 |  | LOCAL CODE   | OFFENSE DESCRIPTION                            |                  | CITATION NUMBER |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   |  |                                    |   |  |  |  |                  | 252125          |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| OL CLASS  | ENDORSEMENT  | RESTRICTION SELECT UP TO 3         |   | DRIVER DISTRACTED BY   | ALCOHOL / DRUG SUSPECTED   |  | CONDITION        | ALCOHOL TEST    |          |         | DRUG TEST(S) |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 6   |  |                                    |   | 1  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | 1                | STATUS          | TYPE     | VALUE   | STATUS       | TYPE | RESULT SELECT UP TO 4 |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   |  |                                    |   |  |  |  |                  | 1               | 1        |         | 1            | 1    |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| UNIT #  | NAME: LAST, FIRST, MIDDLE  |                                    |   |  | DATE OF BIRTH  |  | AGE              | GENDER          |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 0 2   | Livingston, Phyllis  |                                    |   |  | 1 0 0 7 1 9 4 4  |  | 7 7              | F               |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| ADDRESS: STREET, CITY, STATE, ZIP   |  |                                    |   |  | CONTACT PHONE - INCLUDE AREA CODE  |  |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 8137 Timbertree Way, West Chester OH 45069  |  |                                    |   |  |  |  |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| INJURIES  | INJURED TAKEN BY   | EMS AGENCY (NAME)                  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED  | DOT-COMPLIANT MC HELMET                        | SEATING POSITION | AIR BAG USAGE   | EJECTION | TRAPPED |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 5   |  |                                    |   |  | 0 4  | <input type="checkbox"/>                       | 0 1              | 1               | 1        | 1       |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| OL STATE  | OPERATOR LICENSE NUMBER  |                                    | OFFENSE CHARGED                                 |  | LOCAL CODE   | OFFENSE DESCRIPTION                            |                  | CITATION NUMBER |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| O H   |  |                                    |   |  |  |  |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| OL CLASS  | ENDORSEMENT  | RESTRICTION SELECT UP TO 3         |   | DRIVER DISTRACTED BY   | ALCOHOL / DRUG SUSPECTED   |  | CONDITION        | ALCOHOL TEST    |          |         | DRUG TEST(S) |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 4   |  |                                    |   | 1  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | 1                | STATUS          | TYPE     | VALUE   | STATUS       | TYPE | RESULT SELECT UP TO 4 |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   |  |                                    |   |  |  |  |                  | 1               | 1        |         | 1            | 1    |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| UNIT #  | NAME: LAST, FIRST, MIDDLE  |                                    |   |  | DATE OF BIRTH  |  | AGE              | GENDER          |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   |  |                                    |   |  |  |  | 0                |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| ADDRESS: STREET, CITY, STATE, ZIP   |  |                                    |   |  | CONTACT PHONE - INCLUDE AREA CODE  |  |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   |  |                                    |   |  |  |  |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| INJURIES  | INJURED TAKEN BY   | EMS AGENCY (NAME)                  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED  | DOT-COMPLIANT MC HELMET                        | SEATING POSITION | AIR BAG USAGE   | EJECTION | TRAPPED |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   |  |                                    |   |  |  | <input type="checkbox"/>                       |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| OL STATE  | OPERATOR LICENSE NUMBER  |                                    | OFFENSE CHARGED                                 |  | LOCAL CODE   | OFFENSE DESCRIPTION                            |                  | CITATION NUMBER |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   |  |                                    |   |  |  |  |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| OL CLASS  | ENDORSEMENT  | RESTRICTION SELECT UP TO 3         |   | DRIVER DISTRACTED BY   | ALCOHOL / DRUG SUSPECTED   |  | CONDITION        | ALCOHOL TEST    |          |         | DRUG TEST(S) |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   |  |                                    |   |  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  |                  | STATUS          | TYPE     | VALUE   | STATUS       | TYPE | RESULT SELECT UP TO 4 |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   |  |                                    |   |  |  |  |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| <table border="1"><thead><tr><th>INJURIES</th><th>SEATING POSITION</th><th>AIR BAG</th><th>OL CLASS</th><th>OL RESTRICTION(S)</th><th>DRIVER DISTRACTION</th><th>TEST STATUS</th></tr></thead><tbody><tr><td>1 - FATAL</td><td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td><td>1 - NOT DEPLOYED</td><td>1 - CLASS A</td><td>1 - ALCOHOL INTERLOCK DEVICE</td><td>1 - NOT DISTRACTED</td><td>1 - NONE GIVEN</td></tr><tr><td>2 - SUSPECTED SERIOUS INJURY</td><td>2 - FRONT - MIDDLE</td><td>2 - DEPLOYED FRONT</td><td>2 - CLASS B</td><td>2 - CDL INTRASTATE ONLY</td><td>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td><td>2 - TEST REFUSED</td></tr><tr><td>3 - SUSPECTED MINOR INJURY</td><td>3 - FRONT - RIGHT SIDE</td><td>3 - DEPLOYED SIDE</td><td>3 - CLASS C</td><td>3 - CORRECTIVE LENSES</td><td>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE</td><td>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td></tr><tr><td>4 - POSSIBLE INJURY</td><td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td><td>4 - DEPLOYED BOTH FRONT / SIDE</td><td>4 - REGULAR CLASS (OHIO = D)</td><td>4 - FARM WAIVER</td><td>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE</td><td>4 - TEST GIVEN, RESULTS KNOWN</td></tr><tr><td>5 - NO APPARENT INJURY</td><td>5 - SECOND - MIDDLE</td><td>5 - NOT APPLICABLE</td><td>5 - M/C MOPED ONLY</td><td>5 - EXCEPT CLASS A BUS</td><td>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td><td>5 - TEST GIVEN, RESULTS UNKNOWN</td></tr><tr><td></td><td>6 - SECOND - RIGHT SIDE</td><td>9 - DEPLOYMENT UNKNOWN</td><td>6 - NO VALID OL</td><td>6 - EXCEPT CLASS A &amp; CLASS B BUS</td><td>6 - PASSENGER</td><td></td></tr><tr><td>INJURED TAKEN BY</td><td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td><td>EJECTION</td><td>OL ENDORSEMENT</td><td>7 - EXCEPT TRACTOR-TRAILER</td><td>7 - OTHER DISTRACTION INSIDE THE VEHICLE</td><td>ALCOHOL TEST TYPE</td></tr><tr><td>1 - NOT TRANSPORTED / TREATED AT SCENE</td><td>8 - THIRD - MIDDLE</td><td>1 - NOT EJECTED</td><td>H - HAZMAT</td><td>8 - INTERMEDIATE LICENSE RESTRICTIONS</td><td>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE</td><td>1 - NONE</td></tr><tr><td>2 - EMS</td><td>9 - THIRD - RIGHT SIDE</td><td>2 - PARTIALLY EJECTED</td><td>M - MOTORCYCLE</td><td>9 - LEARNER'S PERMIT RESTRICTIONS</td><td>9 - OTHER / UNKNOWN</td><td>2 - BLOOD</td></tr><tr><td>3 - POLICE</td><td>10 - SLEEPER SECTION OF TRUCK CAB</td><td>3 - TOTALLY EJECTED</td><td>P - PASSENGER</td><td>10 - LIMITED TO DAYLIGHT ONLY</td><td></td><td>3 - URINE</td></tr><tr><td>9 - OTHER / UNKNOWN</td><td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td><td>4 - NOT APPLICABLE</td><td>N - TANKER</td><td>11 - LIMITED TO EMPLOYMENT</td><td></td><td>4 - BREATH</td></tr><tr><td></td><td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td><td>TRAPPED</td><td>Q - MOTOR SCOOTER</td><td>12 - LIMITED - OTHER</td><td>CONDITION</td><td>5 - OTHER</td></tr><tr><td>SAFETY EQUIPMENT</td><td>13 - TRAILING UNIT</td><td>1 - NOT TRAPPED</td><td>R - THREE-WHEEL MOTORCYCLE</td><td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td><td>1 - APPARENTLY NORMAL</td><td>DRUG TEST TYPE</td></tr><tr><td>1 - NONE USED</td><td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td><td>2 - EXTRICATED BY MECHANICAL MEANS</td><td>S - SCHOOL BUS</td><td>14 - MILITARY VEHICLES ONLY</td><td>2 - PHYSICAL IMPAIRMENT</td><td>1 - NONE</td></tr><tr><td>2 - SHOULDER BELT ONLY USED</td><td></td><td>3 - FREED BY NON-MECHANICAL MEANS</td><td>T - DOUBLE &amp; TRIPLE TRAILERS</td><td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td><td>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)</td><td>2 - BLOOD</td></tr><tr><td>3 - LAP BELT ONLY USED</td><td></td><td></td><td>X - TANKER / HAZMAT</td><td>16 - OUTSIDE MIRROR</td><td>4 - ILLNESS</td><td>3 - URINE</td></tr><tr><td>4 - SHOULDER &amp; LAP BELT USED</td><td></td><td></td><td></td><td>17 - PROSTHETIC AID</td><td>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.</td><td>4 - OTHER</td></tr><tr><td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td><td></td><td></td><td>GENDER</td><td>18 - OTHER</td><td>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL</td><td>DRUG TEST RESULT(S)</td></tr><tr><td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td><td></td><td></td><td>F - FEMALE</td><td></td><td>9 - OTHER / UNKNOWN</td><td>1 - AMPHETAMINES</td></tr><tr><td>7 - BOOSTER SEAT</td><td></td><td></td><td>M - MALE</td><td></td><td></td><td>2 - BARBITURATES</td></tr><tr><td>8 - HELMET USED</td><td></td><td></td><td>U - OTHER / UNKNOWN</td><td></td><td></td><td>3 - BENZODIAZEPINES</td></tr><tr><td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td><td></td><td></td><td></td><td></td><td></td><td>4 - CANNABINOIDS</td></tr><tr><td>10 - REFLECTIVE CLOTHING</td><td></td><td></td><td></td><td></td><td></td><td>5 - COCAINE</td></tr><tr><td>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td><td></td><td></td><td></td><td></td><td></td><td>6 - OPIATES / OPIOIDS</td></tr><tr><td>99 - OTHER / UNKNOWN</td><td></td><td></td><td></td><td></td><td></td><td>7 - OTHER</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>8 - NEGATIVE RESULTS</td></tr></tbody></table> |  |                                    |   |  |  |  |                  |                 |          |         |              |      |                       | INJURIES | SEATING POSITION | AIR BAG | OL CLASS | OL RESTRICTION(S) | DRIVER DISTRACTION | TEST STATUS | 1 - FATAL | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | 1 - CLASS A | 1 - ALCOHOL INTERLOCK DEVICE | 1 - NOT DISTRACTED | 1 - NONE GIVEN | 2 - SUSPECTED SERIOUS INJURY | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 2 - CLASS B | 2 - CDL INTRASTATE ONLY | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED | 3 - SUSPECTED MINOR INJURY | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | 3 - CLASS C | 3 - CORRECTIVE LENSES | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | 4 - POSSIBLE INJURY | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | 4 - REGULAR CLASS (OHIO = D) | 4 - FARM WAIVER | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE | 4 - TEST GIVEN, RESULTS KNOWN | 5 - NO APPARENT INJURY | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE | 5 - M/C MOPED ONLY | 5 - EXCEPT CLASS A BUS | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | 5 - TEST GIVEN, RESULTS UNKNOWN |  | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | 6 - NO VALID OL | 6 - EXCEPT CLASS A & CLASS B BUS | 6 - PASSENGER |  | INJURED TAKEN BY | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION | OL ENDORSEMENT | 7 - EXCEPT TRACTOR-TRAILER | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | ALCOHOL TEST TYPE | 1 - NOT TRANSPORTED / TREATED AT SCENE | 8 - THIRD - MIDDLE | 1 - NOT EJECTED | H - HAZMAT | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | 1 - NONE | 2 - EMS | 9 - THIRD - RIGHT SIDE | 2 - PARTIALLY EJECTED | M - MOTORCYCLE | 9 - LEARNER'S PERMIT RESTRICTIONS | 9 - OTHER / UNKNOWN | 2 - BLOOD | 3 - POLICE | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED | P - PASSENGER | 10 - LIMITED TO DAYLIGHT ONLY |  | 3 - URINE | 9 - OTHER / UNKNOWN | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE | N - TANKER | 11 - LIMITED TO EMPLOYMENT |  | 4 - BREATH |  | 12 - PASSENGER IN UNENCLOSED CARGO AREA | TRAPPED | Q - MOTOR SCOOTER | 12 - LIMITED - OTHER | CONDITION | 5 - OTHER | SAFETY EQUIPMENT | 13 - TRAILING UNIT | 1 - NOT TRAPPED | R - THREE-WHEEL MOTORCYCLE | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 1 - APPARENTLY NORMAL | DRUG TEST TYPE | 1 - NONE USED | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS | 14 - MILITARY VEHICLES ONLY | 2 - PHYSICAL IMPAIRMENT | 1 - NONE | 2 - SHOULDER BELT ONLY USED |  | 3 - FREED BY NON-MECHANICAL MEANS | T - DOUBLE & TRIPLE TRAILERS | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | 2 - BLOOD | 3 - LAP BELT ONLY USED |  |  | X - TANKER / HAZMAT | 16 - OUTSIDE MIRROR | 4 - ILLNESS | 3 - URINE | 4 - SHOULDER & LAP BELT USED |  |  |  | 17 - PROSTHETIC AID | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | 4 - OTHER | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING |  |  | GENDER | 18 - OTHER | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | DRUG TEST RESULT(S) | 6 - CHILD RESTRAINT SYSTEM - REAR FACING |  |  | F - FEMALE |  | 9 - OTHER / UNKNOWN | 1 - AMPHETAMINES | 7 - BOOSTER SEAT |  |  | M - MALE |  |  | 2 - BARBITURATES | 8 - HELMET USED |  |  | U - OTHER / UNKNOWN |  |  | 3 - BENZODIAZEPINES | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |  |  |  |  |  | 4 - CANNABINOIDS | 10 - REFLECTIVE CLOTHING |  |  |  |  |  | 5 - COCAINE | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY |  |  |  |  |  | 6 - OPIATES / OPIOIDS | 99 - OTHER / UNKNOWN |  |  |  |  |  | 7 - OTHER |  |  |  |  |  |  | 8 - NEGATIVE RESULTS |
| INJURIES  | SEATING POSITION   | AIR BAG                            | OL CLASS  | OL RESTRICTION(S)  | DRIVER DISTRACTION   | TEST STATUS                                    |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 1 - FATAL   | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  | 1 - NOT DEPLOYED                   | 1 - CLASS A                                     | 1 - ALCOHOL INTERLOCK DEVICE   | 1 - NOT DISTRACTED   | 1 - NONE GIVEN                                 |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 2 - SUSPECTED SERIOUS INJURY  | 2 - FRONT - MIDDLE   | 2 - DEPLOYED FRONT                 | 2 - CLASS B                                     | 2 - CDL INTRASTATE ONLY  | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)                       | 2 - TEST REFUSED                               |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 3 - SUSPECTED MINOR INJURY  | 3 - FRONT - RIGHT SIDE   | 3 - DEPLOYED SIDE                  | 3 - CLASS C                                     | 3 - CORRECTIVE LENSES  | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE   | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 4 - POSSIBLE INJURY   | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  | 4 - DEPLOYED BOTH FRONT / SIDE     | 4 - REGULAR CLASS (OHIO = D)                    | 4 - FARM WAIVER  | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE  | 4 - TEST GIVEN, RESULTS KNOWN                  |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 5 - NO APPARENT INJURY  | 5 - SECOND - MIDDLE  | 5 - NOT APPLICABLE                 | 5 - M/C MOPED ONLY                              | 5 - EXCEPT CLASS A BUS   | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5 - TEST GIVEN, RESULTS UNKNOWN                |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             | 6 - NO VALID OL                                 | 6 - EXCEPT CLASS A & CLASS B BUS   | 6 - PASSENGER  |  |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| INJURED TAKEN BY  | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | EJECTION                           | OL ENDORSEMENT                                  | 7 - EXCEPT TRACTOR-TRAILER   | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | ALCOHOL TEST TYPE                              |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 1 - NOT TRANSPORTED / TREATED AT SCENE  | 8 - THIRD - MIDDLE   | 1 - NOT EJECTED                    | H - HAZMAT                                      | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  | 1 - NONE                                       |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 2 - EMS   | 9 - THIRD - RIGHT SIDE   | 2 - PARTIALLY EJECTED              | M - MOTORCYCLE                                  | 9 - LEARNER'S PERMIT RESTRICTIONS  | 9 - OTHER / UNKNOWN  | 2 - BLOOD                                      |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 3 - POLICE  | 10 - SLEEPER SECTION OF TRUCK CAB  | 3 - TOTALLY EJECTED                | P - PASSENGER                                   | 10 - LIMITED TO DAYLIGHT ONLY  |  | 3 - URINE                                      |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 9 - OTHER / UNKNOWN   | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 | N - TANKER                                      | 11 - LIMITED TO EMPLOYMENT   |  | 4 - BREATH                                     |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | TRAPPED                            | Q - MOTOR SCOOTER                               | 12 - LIMITED - OTHER   | CONDITION  | 5 - OTHER                                      |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| SAFETY EQUIPMENT  | 13 - TRAILING UNIT   | 1 - NOT TRAPPED                    | R - THREE-WHEEL MOTORCYCLE                      | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 1 - APPARENTLY NORMAL  | DRUG TEST TYPE                                 |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 1 - NONE USED   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS                                  | 14 - MILITARY VEHICLES ONLY  | 2 - PHYSICAL IMPAIRMENT  | 1 - NONE                                       |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 2 - SHOULDER BELT ONLY USED   |  | 3 - FREED BY NON-MECHANICAL MEANS  | T - DOUBLE & TRIPLE TRAILERS                    | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)  | 2 - BLOOD                                      |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 3 - LAP BELT ONLY USED  |  |                                    | X - TANKER / HAZMAT                             | 16 - OUTSIDE MIRROR  | 4 - ILLNESS  | 3 - URINE                                      |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 4 - SHOULDER & LAP BELT USED  |  |                                    |   | 17 - PROSTHETIC AID  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 4 - OTHER                                      |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   |  |                                    | GENDER  | 18 - OTHER   | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL   | DRUG TEST RESULT(S)                            |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING  |  |                                    | F - FEMALE                                      |  | 9 - OTHER / UNKNOWN  | 1 - AMPHETAMINES                               |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 7 - BOOSTER SEAT  |  |                                    | M - MALE  |  |  | 2 - BARBITURATES                               |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 8 - HELMET USED   |  |                                    | U - OTHER / UNKNOWN                             |  |  | 3 - BENZODIAZEPINES                            |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)   |  |                                    |   |  |  | 4 - CANNABINOIDS                               |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 10 - REFLECTIVE CLOTHING  |  |                                    |   |  |  | 5 - COCAINE                                    |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY   |  |                                    |   |  |  | 6 - OPIATES / OPIOIDS                          |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 99 - OTHER / UNKNOWN  |  |                                    |   |  |  | 7 - OTHER                                      |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   |  |                                    |   |  |  | 8 - NEGATIVE RESULTS                           |                  |                 |          |         |              |      |                       |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |  |                         |                        |                 |                                  |               |  |                  |   |          |                |                            |  |                   |  |                    |                 |            |                                       |   |          |         |                        |                       |                |                                   |                     |           |            |                                   |                     |               |                               |  |           |                     |  |                    |            |                            |  |            |  |   |         |                   |                      |           |           |                  |                    |                 |                            |  |                       |                |               |   |                                    |                |                             |                         |          |                             |  |                                   |                              |  |   |           |                        |  |  |                     |                     |             |           |                              |  |  |  |                     |  |           |   |  |  |        |            |  |                     |  |  |  |            |  |                     |                  |                  |  |  |          |  |  |                  |                 |  |  |                     |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |  |             |   |  |  |  |  |  |                       |                      |  |  |  |  |  |           |  |  |  |  |  |  |                      |